

PEDIATRIC

BASIC LIFESUPPORT GUIDELINE

NEWBORN RESUSCITATION

The vast majority of term newborns require no resuscitation beyond maintenance of temperature, suctioning of the airway and mild stimulation.

Always Assess and Maintain:

- Temperature (warm and dry)
- Airway (position and suction)
- Breathing (stimulate to cry)
- Circulation (heart rate and color)

1. Ensure scene safety.
2. Perform a patient assessment.
3. Observe body substance isolation precautions.
4. Suction the infant's airway using a bulb syringe as soon as the infant's head is delivered and before delivery of the body. Suction the mouth first, then the nose
5. Once the body is fully delivered, dry the baby, replace wet towels with dry ones, and wrap the baby in a thermal blanket or dry towel. Cover the infant's scalp to preserve warmth.
6. Open and position the airway. Suction the infant's airway again using a bulb syringe. Suction the mouth first, then the nose.
7. Clamp / cut cord.
8. Assess breathing and adequacy of ventilation.
9. If ventilation is inadequate, stimulate the infant by gently rubbing the back.
10. After 15 seconds of stimulation:
 - If ventilation is still inadequate begin assisted ventilation at 40 to 60 breaths per minute using a bag-valve-mask device with high-flow, 100% oxygen.
 - If ventilation is adequate and infant is cyanotic, administer high-flow, 100% oxygen via blow-by. Hold the tubing 1 to 1-1/2 inches from the infant's mouth and nose and cup a hand around the end of the tubing to help direct the oxygen flow toward the infant's face.

The Idaho EMSC Project has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the child's clinical presentation and on authorized policies and protocols.

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11. Assess heart rate by auscultation or by palpation of the umbilical cord stump.
 - A. **If the heart rate is slower than 60 beats per minute** (pulse = 10 x number of beats in 6 seconds)
 - Initiate assisted ventilation with 100% oxygen.
 - If after 30 seconds of assisted ventilation the heart rate remains <60, initiate the following actions:
 - Continue assisted ventilation.
 - Begin chest compressions at a combined rate of 120/minute (three compressions to each ventilation).
 - Initiate transport. Reassess heart rate and respirations every few minutes en route.
 - B. **If the heart rate is between 60 and 80 beats per minute**, initiate the following actions:
 - Continue assisted ventilation with high-flow, 100% concentration oxygen.
 - If there is no improvement in heart rate after 30 seconds, initiate management sequence described in step 12, beginning with chest compressions.
 - Initiate transport. Reassess heart rate and respirations every few minutes en route.
 - C. **If the heart rate is between 80 and 100 beats per minute**, initiate the following actions:
 - Continue assisted ventilation with high-flow, 100% concentration oxygen.
 - Stimulate as previously described.
 - Initiate transport. Reassess heart rate after 15 to 30 seconds.
 - D. **If the heart rate is faster than 100 beats per minute**, initiate the following actions:
 - Assess skin color. If central cyanosis is still present, continue blow-by oxygen.
 - Initiate transport. Reassess heart rate and respirations en route.
12. Consider calling for ALS transport.
13. Contact On-Line Medical Control for additional instructions.

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